



CONFERENCE ATTENDEE REGISTRATION FORM

Personal Information

Full Name:	
Board Certification Entity (if applicable):	

Office Information: Preferred Contact (if different from practice):

Practice Name	Address:	
Street Address:	City/State/Zip:	
City/State/Zip:	Phone:	
Office Phone:	Email:	
Office Email:	Medical Practice Manager or Guest Name (\$100) : _____	

Registration Type (please check one): Postmarked by:

	February 28	March 31	Onsite
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<input type="checkbox"/> NJPMS Member	___ \$395	___ \$445	___ \$495
<input type="checkbox"/> NJPMS Life Member	___ \$295	___ \$345	___ \$395
<input type="checkbox"/> APMA Member	___ \$595	___ \$645	___ \$695
<input type="checkbox"/> New Jersey Fellow, Resident, or Intern Member <input type="checkbox"/> Student Member	___ \$0	___ \$0	___ \$0
<input type="checkbox"/> DPM Nonmember	___ \$695	___ \$745	___ \$795
<input type="checkbox"/> Practice Manager (Price Per Attendee)	___ \$100	___ \$100	___ \$100
<input type="checkbox"/> Podiatric Physician: Member of Another State (Will be Verified)*	___ \$395	___ \$445	___ \$495

Membership Notes: NJPMS and dues must be paid by **1/01/2025**. The prices listed above are valid for CME lectures between podiatric and osteopathic conference.

*If you are a member of another state's podiatric medical association, we will honor the same registration price as for NJPMS' members (subject to membership confirmation).

2025 Workshops and Special Events: Schedule: Additional Fee:

<input type="checkbox"/> <i>To Be Determined</i>		

Registration Payment Totals

Registration Fee (from top list)	\$ _____
Guest Badge Fee (\$100 each additional)	\$ _____
Additional Workshop Fee (\$TBD)	\$ _____
Total \$	_____

Registration Payment Method

Credit Card #:	
Exp. Date:	CVV:
Billing Address:	
City, State, Zip:	
Registration Fee (from top list) ___	Check #: _____ (make payable to NJPMS)
Card Holder Name:	
Signature:	

CANCELLATION POLICY:
Requests for cancellation refunds must be requested by **March 15, 2025**

Mail registration to: 1 Tree Farm Rd Suite 202
Pennington, NJ 08534 | **Fax registration to:**
732.940.8899

For any questions, please contact Tajma Kotoric at tkotoric@njpms.com